

CASH ASSISTANCE PROGRAM FOR IMMIGRANTS (CAPI) INDIGENCE EXCEPTION DETERMINATION

NAME OF APPLICANT/RECIPIENT		SOCIAL SECURITY NUMBER
NAME OF APPLICANT/RECIPIENT (SPOUSE)		SPOUSE'S SOCIAL SECURITY NUMBER
NAME OF SPONSOR	SPONSOR'S SOCIAL SECURITY NUMBER	NAME OF SPONSORED IMMIGRANT
NAME OF SPONSOR	SPONSOR'S SOCIAL SECURITY NUMBER	NAME OF SPONSORED IMMIGRANT

Living Arrangements

- ☐ Is NOT living with sponsor
 ☐ Living with sponsor
☐ Lives with others and pays for room and board
 ☐ Lives with others and receives Free room and board
☐ Lives Independently

Income

Total cash and in-kind contributions from sponsor(s)	\$
Total cash and in-kind contributions from others	\$
Total of recipient's/applicant's other income (including spouse's if living together)	\$
Total of income from all sources	\$
Federal SSI rate	\$

Resources

Sponsor(s)' resources available to applicant/recipient	\$
Applicant's/recipient's own resources (including spouse's if living together)	\$
Total resources available to applicant/recipient	\$
Federal SSI resource limit (\$2,000 for an individual, \$3,000 for a couple)	\$

Comments

Based on the information summarized on this form, it is determined that the indigence exception does / does not (*circle one*) apply to the applicant(s)/recipient(s) named above.

SUPERVISOR'S SIGNATURE	DATE	WORKER	DATE
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CAPI is a public assistance program funded by the State of California. If the indigence exception is being applied to the applicant/recipient named on this form, forward a copy of this form to:

Immigration and Naturalization Service
Statistics Branch
425 I Street, NW
Washington, DC 20536

AND

California Department of Social Services
Adult Programs Branch
744 P Street, M.S. 19-96
Sacramento, CA 95814-6413